POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*dw*	68904	11/1/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			12-2-00

INDEX OF CLAIMS

✔ .... Rejected		N .... Non-elected	
= .... Allowed		I .... Interference	
— (Through numeral)... Canceled		A .... Appeal	
÷ .... Restricted		O .... Objected	

BEST AVAILABLE COPY

Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original	
1	1		51			101		
2	2		52			102		
3	3		53			103		
4	4		54			104		
5	5		55			105		
6	6		56			106		
7	7		57			107		
8	8		58			108		
9	9		59			109		
10	10		60			110		
11	11		61			111		
12	12		62			112		
	13		63			113		
	14		64			114		
	15		65			115		
	16		66			116		
	17		67			117		
	18		68			118		
	19		69			119		
	20		70			120		
	21		71			121		
	22		72			122		
	23		73			123		
	24		74			124		
	25		75			125		
	26		76			126		
	27		77			127		
	28		78			128		
	29		79			129		
	30		80			130		
	31		81			131		
	32		82			132		
	33		83			133		
	34		84			134		
	35		85			135		
	36		86			136		
	37		87			137		
	38		88			138		
	39		89			139		
	40		90			140		
	41		91			141		
	42		92			142		
	43		93			143		
	44		94			144		
	45		95			145		
	46		96			146		
	47		97			147		
	48		98			148		
	49		99			149		
	50		100			150		

If more than 150 claims or 10 actions
staple additional sheet here

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